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	7590 10/01			have	its own certificate	of mai	ling or transmission.	in or formal drawing, must	
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DUBLIN, OH 43		Emily J. Shultz			ltz .	(Depositor's name)			
		/Emily J. Shultz/			ultz/	(Signature)			
			October 9	9, 2007		(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		*	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/323,715	DON COTTER CUNNINGHAM			BLO1134-009B 9551					
TITLE OF INVENTION: REAL-TIME FINANCIAL CARD APPLICATION SYSTEM									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0		\$0 .		\$1440	01/02/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	;					
SUBRAMANIAN, NARAYANSWAMY 36		3692	705-038000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. 1. Standley Law Group LLP or agents OR, alternatively.						
To Solution Company Co			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is slisted, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIC	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Block Fin	ancial Corp	Kansas City, Missouri							
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee □ Publication Fee (N	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 194076 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).									
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Authorized Signature	/Carol G.						er 9, 200°		
Typed or printed name	Carol G.	Stovsky			Registration N	lo	42171		
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